

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14663

State File No. 158 Registrar's No. 158

FILED APR 24 1953		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 158	
1. PLACE OF DEATH a. COUNTY Jackson (Rural Blue)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 59 yrs		c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence 103 N. Wilson				e. STREET ADDRESS (If rural, give location) 103 N. Wilson (rural Blue)			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) V.		c. (Last) Lahey		4. DATE OF DEATH (Month) (Day) (Year) Apr. 10, 1953	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 13, 1893	
9. AGE (In years last birthday) 59		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Volland		13b. MOTHER'S MAIDEN NAME Lillie J. Hook		14. NAME OF HUSBAND OR WIFE Wm. Lahey, Independence, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-05-8993		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Lahey, Independence, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver metastatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Original source not determined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Liver metastatic				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1/23/53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/26, 1952, to 4/10, 1953, that I last saw the deceased alive on 4/6, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Chas. Drake M.D.				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 4/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/23/53		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. 4-13-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Carson Independence, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 14 1958

MAY 18 1958

MAY 18 1958

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harold B. Keadel*

Licensed Embalmer No. *460*

P. O. Address *Indep. 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.